THE KANSAS BOARD OF VETERINARY EXAMINERS

1320 Research Park Drive Manhattan, Kansas 66502 Phone: 785.564.6610

Specific Public Use Data Request Form

Name	ne:	
Organ	anization:	
Addre	ress:	
	City/State/Zip	
Phone	ne Number: () Fax Number: ()	
1. Wł	What type of data would you like to obtain?	
2. Bri	rief description of the level of detail of data requested	
3.	Hard copies are provided at \$.25 each page. Payment is due in advance.	
	Payment will be made by Check; Money Order.	
4.	If data is provided by mail, postage will be pre-paid by Check; Mo	oney Order.
or offelisted. or add or offelisted. each v	not intend to and will not use any list of names or addresses derived from the Boffer to sell any property or services to any person listed or to any person who rest. Moreover, I do not intend to sell, give or otherwise make available to any person ddresses contained in or derived from Board records for the purpose of allowing ffer to sell any property or service to any person listed or to any person who resid. I understand that if I do so, I shall be liable for payment of a civil penalty not a violation in an action brought by the Kansas Attorney General or a county/distrepart to K.S.A. 45-230	ides at the address son any list of names such person to sell les at any address to exceed \$500 for
Signat	ature Title Date	